

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Nathan Fletcher for State Senate 2024			Date of This Filing 12/31/2022 Report No. 12312022 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 4	Date Stamp Page 1 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (619)708-9744	I.D. NUMBER (if applicable) 1456499				
STREET ADDRESS					
CITY Encinitas	STATE CA	ZIP CODE 92024			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/30/2022	Reza Torkzadeh Irvine, CA 92620 Memo Reference: F497P1.INC88	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney TorkLaw	\$4,900.00
12/30/2022	Reza Torkzadeh Irvine, CA 92620 Memo Reference: F497P1.INC89	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney TorkLaw	\$3,100.00
12/30/2022	Carin Canale-Theakston San Diego, CA 92103 Memo Reference: F497P1.INC90	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Canale Communications	\$4,900.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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12/30/2022	Carin Canale-Theakston San Diego, CA 92103 Memo Reference: F497P1.INC91	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Canale Communications	\$3,100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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CITY Encinitas	STATE CA	ZIP CODE 92024			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: F497P1.INC88

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC89

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC90

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144

Memo Reference: F497P1.INC91

Intermediary: ActBlue California; 366 Summer Street Somerville, MA 02144
